SEP 12 2007

# MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT ED IN THE SENTENCE BY A PERSON IN FEDERAL CUSTODY DISTRICT OF HAWAII

	Hawaii at Coclock and U
	Docket or Case No. BEITIA, CLE
1000 100-	Prisoner No.: 9 \$ 3 5 3 0 2 2
	/ant (include name under which you were convicted)  RIC K. ₩0
MOTION	
	f conviction you are challenging:
know): 05	00027 ARCH <b>3</b> , 2006
	. MEth 50 or more grams
t or indictment, a	(3) Nolo contendere (no contest)  and a not guilty plea to another count  bu plead not guilty to?
	Mov.  MOTION  I the judgment of Hawa  know): OS-  bu know): MA  LOOL  Tacy, (Dist

				1 02	;e
7.	Did you testify at a pretrial hearing, trial, or post-trial hearing?	Yes 🗅	No	À	
3.	Did you appeal from the judgment of conviction?	Yes 🗆	No	À	
€.	If you did appeal, answer the following:				
	(a) Name of court:				
	(b) Docket or case number (if you know):		***************************************		
	(c) Result:				
	(d) Date of result (if you know):				
	(e) Citation to the case (if you know):				
	(f) Grounds raised:				
				,,,,,,,,	
	(g) Did you file a petition for certiorari in the United States Suprer	ne Court?	Yes U	ı No	M
		ne court.	103		,
	If "Yes," answer the following:				
	(1) Docket or case number (if you know):				
	(2) Result:				
	(3) Date of result (if you know):				
	(4) Citation to the case (if you know):				
	(5) Grounds raised:				
				***	
10	Other than the direct appeals listed above, have you previously file		motions,		
	petitions, or applications concerning this judgment of conviction in	any court?			
	Yes 🗆 No 🜠				
11	. If your answer to Question 10 was "Yes," give the following inform				
	(a) (1) Name of court:				
	(2) Docket or case number (if you know):				<del></del>
	(2) Date of filing (if you know):				

	Page 4
(4) Nature of the proceeding:	····
(5) Grounds raised:	
	*******************************
(6) Did you receive a hearing where evidence was given on your motion, petition, or	
application? Yes 🗆 No 🍇	
(7) Result:	
(8) Date of result (if you know):	
(b) If you filed any second motion, petition, or application, give the same information:	
(1) Name of court:	*******
(2) Docket or case number (if you know):	
(3) Date of filing (if you know):	
(4) Nature of the proceeding:	
(5) Grounds raised:	
(6) Did you receive a hearing where evidence was given on your motion, petition, or	
application? Yes D No D	
(7) Result:	
(8) Date of result (if you know):	
(c) Did you appeal to a federal appellate court having jurisdiction over the action taken or	
motion, petition, or application?	Jour
(1) First petition: Yes 🗅 No 🌢	
(2) Second petition: Yes \(\sigma\) No \(\sigma\)	
(2) Second pertuon. 1es w 190 24	

Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the <u>facts</u> supporting each ground.
he didn't do anything for me (Insuficient counsel)  12. For this motion, state every ground on which you claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.  GROUND ONE: Terminal Illness  Thave a Terminal Illness in which the Lawyer than about but still didn't file any motion for Downwards
he didn't do anything for me (Insuficient counsel)  12. For this motion, state every ground on which you claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.  GROUND ONE: Terming   Illness  (a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I have a Terminal Illness in which the Lawyer than about but still slidest file any motion for Deanwards
<ul> <li>12. For this motion, state every ground on which you claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the <u>facts</u> supporting each ground.</li> <li>GROUND ONE: Terming   Illness</li> <li>(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I have a Terminal Illness in which the Langer than about but still slidet file any motion for Downwards</li> </ul>
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than four grounds. State the facts supporting each ground.  GROUND ONE: Terming / Illness  (a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I have a Terminal Illness in which the Langer  them about but still slidest file any motion for Dominards
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(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I have a Terminal Illness in which the Lange  From about but still slidot file any motion for Downwards
I have a Terminal Illness in which the Lange them about but still didn't file any motion for Downwards
them about but still slidht file any motion for Downwards
them about but still slidht file any motion for Downwards
bring it up a sentencing. He didn't properly file any
motions for downward etc. Nor did 1 get any:
- 1001 12 12 14 14 14 15 17 14 14 14 15 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
(b) Direct Appeal of Ground One:
(1) If you appealed from the judgment of conviction, did you raise this issue?
Yes 🔊 No 💢
(2) If you did not raise this issue in your direct appeal, explain why: He didn+ raise
the issue enough. The day of Sentencing was the first
time my judge heard anything about it
(c) Post-Conviction Proceedings:
(1) Did you raise this issue in any post-conviction motion, petition, or application?
Yes  No  No
Y AND I SHOW I SHOW
(2) If your answer to Question (c)(1) is "Yes," state:
(2) If your answer to Question (c)(1) is "Yes," state:  Type of motion or petition:
(2) If your answer to Question (c)(1) is "Yes," state:

		Page
	case number (if you know):e court's decision:	
	each a copy of the court's opinion or order, if available):	
(3) Did you	a receive a hearing on your motion, petition, or application?	
, ,	No da	
-	a appeal from the denial of your motion, petition, or application?	
-	answer to Question (c)(4) is "Yes," did you raise this issue in the appeal? No $\ \square$	
(6) If your	answer to Question (c)(4) is "Yes," state:	
Name and	location of the court where the appeal was filed:	
Docket or	case number (if you know):	
Date of the	e court's decision:	
Result (at	tach a copy of the court's opinion or order, if available):	
-	answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not a issue: $\underline{\hspace{1cm}}$	
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	g facts (Do not argue or cite law. Just state the specific facts that support you	
	is Admendment it talks about being enhance	
	ed when I shouldn't have been. My Lawyer	
	of any objections in toward my PS.1.	
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a) Si	apporting	g facts (Do no	ot argue or c	ite law	. Just s	state th	ne spec	ific fact	s that su	ipport yo	our claim.):
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h) Di	rect Ann	peal of Grou	ınd Three					· · · · · · · · · · · · · · · · · · ·			
		ppealed from		ant of c	onvictio	m did	vou ra	ica thic	icena?		
1)	•		r the Juughi	erit or t	OHVICUL	ni, did	you ra	156 (1115	15500:		
(0		No 💢			1	•					
(2	) If you d	id not raise t	this issue in	your o	lirect ap	peai, e	xplain	why: _			
******					***************************************						
_	······································										
c) Po	st-Convi	iction Proc	eedings:								
(1	) Did you	raise this is	sue in any p	ost-co	nviction	motior	ı, peti	ion, or	applicati	on?	
	Yes 🗆	No 🔾									
(2	If your	answer to Qu	estion (c)(1)	is "Ye	s," state	e:					
	pe of mo	tion or petiti	on:								*******************************
Ty			ne court whe								
	ame and	iocation of ti	ie court wiic	ac enc	****						

	Result (attach a copy of the court's opinion or order, if available):	
	(3) Did you receive a hearing on your motion, petition, or application?  Yes  No  No  No  No  No  No  No  No  No  N	
	(4) Did you appeal from the denial of your motion, petition, or application?  Yes □ No □	
	(5) If your answer to Question (c)(4) is "Yes," did you raise this issue in the appeal?  Yes □ No □	
	(6) If your answer to Question (c)(4) is "Yes," state:	
	Name and location of the court where the appeal was filed:	
	Docket or case number (if you know):	
	Date of the court's decision:	
	Result (attach a copy of the court's opinion or order, if available):	
	raise this issue:	
•	OUND FOUR. IN MY PST It has no Gt Ma see rele	
	OUND FOUR: IN MY P.S.I. It has me at Manager role?  Also there was No dope found on me which would make it	J
	Also there was No clope found on me, which would make it Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):	9~.
	Also there was No clope found on me which would make it	g ore
-	Also there was No clope found on me which would make it Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I was not a manyer of Anything	g ~.
	Also there was No clope found on me which would make it Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  I was not a manufer of Anything  No dope was found on methor only reason I plead quilty was because my Langer told me I would only get	9

	Page 1
	(7) If your answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not appeal or
	raise this issue:
3.	Is there any ground in this motion that you have <u>not</u> previously presented in some federal court
	If so, which ground or grounds have not been presented, and state your reasons for not
	presenting them:
1	Do you have any motion, petition, or appeal <u>now pending</u> (filed and not decided yet) in any court
Ι.	bo you have any motion, petition, or appear now pending (then and not decided yet) in any court
	for the indement you are shallowing? V-D N. M
	for the judgment you are challenging? Yes \(\mathbb{I}\) No \(\mathbb{J}\)
	If "Yes," state the name and location of the court, the docket or case number, the type of
	If "Yes," state the name and location of the court, the docket or case number, the type of
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j.	If "Yes," state the name and location of the court, the docket or case number, the type of
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.  Give the name and address, if known, of each attorney who represented you in the following stages of the judgment you are challenging:
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.  Give the name and address, if known, of each attorney who represented you in the following stages of the judgment you are challenging:  (a) At preliminary hearing:  CRAIG KIMSEC  (b) At arraignment and plea:
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.  Give the name and address, if known, of each attorney who represented you in the following
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.  Give the name and address, if known, of each attorney who represented you in the following stages of the judgment you are challenging:  (a) At preliminary hearing:  CRAICE KIMSEL  (b) At arraignment and plea:  CRAICE KIMSEL

	Page 12							
	(e) On appeal: Appeal rights back.  (f) In any post-conviction proceeding:							
16.	Were you sentenced on more than one count of an indictment, or on more than one indictment, in the same court and at the same time? Yes \(\mathbb{Q}\) No \(\mathbb{Z}\)							
17.	Do you have any future sentence to serve after you complete the sentence for the judgment that you are challenging?  Yes  No  Yes							
	(a) If so, give name and location of court that imposed the other sentence you will serve in the future:							
	(b) Give the date the other sentence was imposed:MARCU 3, 2004							
	(c) Give the length of the other sentence:							
	(d) Have you filed, or do you plan to file, any motion, petition, or application that challenges the							
	judgment or sentence to be served in the future? Yes 💥 No 💥 N/A							
	yes 1							

your motion.*_								
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<sup>\*</sup> The Antiterrorism and Effective Death Penalty Act of 1996 ("AEDPA") as contained in 28 U.S.C. § 2255, paragraph 6, provides in part that:

A one-year period of limitation shall apply to a motion under this section. The limitation period shall run from the latest of -

<sup>(1)</sup> the date on which the judgment of conviction became final;

<sup>(2)</sup> the date on which the impediment to making a motion created by governmental action in violation of the Constitution or laws of the United States is removed, if the movant was prevented from making such a motion by such governmental action;

<sup>(3)</sup> the date on which the right asserted was initially recognized by the Supreme Court, if that right has been newly recognized by the Supreme Court and made retroactively applicable to cases on collateral review; or

<sup>(4)</sup> the date on which the facts supporting the claim or claims presented could have been discovered through the exercise of due diligence.

Therefore movent asks that the Court grant t	Page 14 the following relief: Please Allow ne
	the following rener. 1 rest 2 /4 rest 7/2
or any other relief to which movant may be en	titled.
	Bane &
	Signature of Attorney (if any)
	nalty of perjury that the foregoing is true and correct was placed in the prison mailing system on
Executed (signed) on	_ (date).
	Signature of Movant
If the person signing is not movant, state relat signing this motion.	cionship to movant and explain why movant is not
IN FORMA PAU	JPERIS DECLARATION
[Insert a	appropriate court]

To: Terminal Island Medical Department From: Donalei K Ho (Mother of Eric K Ho)

Re: Eric K .Ho #95353-022

# MACHADO JOSEPH DISEASE

Machado-Joseph Disease is a genetic disorder of the central nervous system that cripples and paralyzes. Symptoms appear when a defective gene causes a breakdown and there is a loss of cells in specific areas of the brain. In 1994 a Japanese research team reported isolating and cloning the MJD gene. As a result a genetic marker for MJD is available for those persons at-risk or those who suspect they may be affected with this

Today, Machado-Joseph disease is also known as Spino-cerebellar Ataxia, Type 3,or SCA/3, a common hereditary ataxia. Unfortunately, Machado-Joseph Disease has been known to be missed diagnosed as Parkinson's disease, Multiple Sclerosis, Huntington's disease and other forms of neurological disorders.

There is no known cure for MJD at this time.

#### MJD Research

Research is on going! Scientists world-wide continue to strive to find treatment and a cure for MJD; eventually leading to prevention of Machado Joseph Disease. Please see Ataxia MJD Research Project

Genetic Marker Persons at-risk or those who suspect they may be affected from MJD can now have their blood tested to see if they carry the defective gene. There is also suggested protocol before genetic testing takes place. IJDF can help assist you in locating who to contact for this test. Prepared by Office of Scientific and Health Reports

National Institute of Neurological and Communicative Disorders and Stroke Bethesda, Maryland 20892

Where are families found with Machado Joseph Disease? It was first thought that MJD was only found in individuals of Portuguese ancestry, but today MJD has spread world-wide. MJD can be found in the United States. Azores Islands, Portugal, Brazil, France, Germany, England, Canada, Japan, China, Italy, India, Angola, Spain, Holland, Finland, Ukraine, Suriname, Belgium, Mexico, Macau, Syria, Taiwan, Australia, Turkey, and Israel. MJD is being discovered in other parts of the world as well.

Where to get help In California there is the GHPP Genetic Handicap Persons Program this program can financially help with medical care, medical equipment, drug prescriptions and support. In addition through-out the USA each state has individual support. World wide each country has their own protocol in helping MJD patients and their

Please contact IJDF for more information in locating a program that may help assist your needs.

To: Terminal Island Medical Department From: Donalei K Ho (Mother of Eric K Ho)

Re: Eric K .Ho #95353-022

## Symptoms & Diagnosis

weakness in the arms and legs spasticity staggering, lurching gait, easily mistaken for drunkenness difficulty with speech and swallowing involuntary eye movements double vision frequent urination

Symptoms most commonly begin between the ages of 15 and 40, but may appear earlier or much later in life. Progression may be fast or slow, and life expectancy ranges from 10-30 years after the disease begins. Neurologists have classified MJD into three types, depending on age at onset and characteristic symptoms.

Machado Joseph Disease is an autosomal dominant disorder. This means that each child of an affected parent has a 50 percent chance of inheriting the defective gene. MJD does not skip generations, but people at risk who escape the disease will not pass it on to their children or future generations. As with any inherited disorder, MJD is not contagious and cannot be "caught" by people who are not at risk.

### International Joseph Disease Foundation Make a Donation

The International Joseph Diseases Foundation (IJDF) has been a 501 (C) 3 non-profit charitable corporation since formed in 1977. The IJDF mission was to educate and locate individuals and families, worldwide, who maybe afflictedithMachado Joseph-Disease (MJD). Over the years the IJDF has shared an active and vital role in the MachaduJoseph Disease story. Founder Rose Marie Silva is to be commended for her amazing efforts in bringing about Machado Joseph Disease recognition worldwide. As in life, there is a time and season for everything. For this reason the Executive Board of Directors of the IJDF have voted that it is now time for the International Joseph Diseases Foundation to close its doors and dissolve its Nonprofit Corporation status.

This website is being maintained free of charge and will still provide updated information on Machado Joseph Disease, however, the International Joseph Diseases Foundation will no longer be in existence and will not accept any type of donations.

Donations for Machado Joseph Disease may be made to:

Ataxia MJD Research Project, Inc.

1425 Alvarado Avenue

Burlingame, CA 94010

